


Memorandum

The City of Traverse City
Engineering Department



TO: Timothy J. Lodge, P.E., City Engineer

FROM: Jessica L. Carpenter, E.I.T., Engineering Technician 

DATE: Friday, October 31, 2014

SUBJECT: Eighth St Crash Reports Before and After Road Diet

The City Engineering department gathered all crash reports (UD-10s) for Eighth St between Lake Ave and Woodmere Ave from October 1-30, 2013 and October 1-30, 2014 in an effort to compare the crash rates on Eighth St before and after Eighth St was converted from a 4-lane to a 3-lane configuration, also known as a "road diet". This memo is to formalize City Engineering's initial findings and observations with regard to the pre and post road diet crashes that were reported on E. Eighth St between Lake Ave and Woodmere Ave.

A summary of the reports are seen below:

4-Lane Configuration

Date	Nearest Intersection	# of Vehicles Involved	Road Condition	Crash Type	Detail
10/18/2013	Boardman	2	Unknown	Angle	Ran red light
10/28/2013	Railroad	2	Dry	Sideswipe, same	Sideswiped vehicle while changing lanes

3-Lane Configuration (Road Diet)

Date	Nearest Intersection	# of Vehicles Involved	Road Condition	Crash Type	Detail
10/20/2014	Boardman	3	Dry	Rear end	First vehicle rear ended 2 nd vehicle waiting in traffic, causing 2 nd vehicle to rear end a 3 rd vehicle waiting in traffic

Based on these reports, it can be observed that the 4-lane and 3-lane configurations pose different safety issues. The 4-lane configuration allows the changing of lanes, which can result in sideswipe crashes, whereas the 3-lane configuration reduces the level of service of Eighth St causing backed-up traffic, causing vehicles to come to a stop in unexpected locations along the roadway, which can result in rear end crashes.

Encl.: Referenced UD-10 crash reports (sanitized)

STATE OF MICHIGAN TRAFFIC CRASH REPORT

File Class 5700-1

ORI: MI-2878100

Department Name TRAVERSE CITY POLICE DEPT.

Incident Disposition ☐ Open ☒ Closed Reviewer 21

Crash Date Month Day Year 10 18 2013		Crash Time Military 0650		No. of Units 02	Crash type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input checked="" type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown		Special Circumstances <input type="radio"/> None <input type="radio"/> School Bus <input checked="" type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Local <input type="radio"/> State		Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile		
County 28	Traffic Control <input type="radio"/> None of These <input checked="" type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Goro <input type="radio"/> Other/Unknown		Weather (Mark Only One) <input type="radio"/> Clear <input checked="" type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown		Light (Mark Only One) <input checked="" type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown		Road Condition (Mark Only One) <input type="radio"/> Dry <input type="radio"/> Snowy <input type="radio"/> Debris <input type="radio"/> Wet <input type="radio"/> Muddy <input checked="" type="radio"/> Other/Unknown <input type="radio"/> Icy <input type="radio"/> Slushy		Area 07	Total Lanes 4
Construction Zone (if applicable) (Mark One From Each Group) Type Lane Closed Activity <input type="radio"/> Const/Maint. <input type="radio"/> Yes <input type="radio"/> On Road <input type="radio"/> Utility <input type="radio"/> No <input type="radio"/> Off Road <input type="radio"/> None		Divided Roadway (N) (S) (E) (W)		Road Type		Suffix		Speed Limit 25		Posted <input type="radio"/> Yes <input checked="" type="radio"/> No	

Prefix	Road Name	Divided Roadway (N) (S) (E) (W)	Road Type	Suffix								
E	EIGHTH		ST									
Distance	X	FT	North	East	Beginning of Ramp	Trafficway	2	3	4	Access Control	2	3
Prefix	Intersecting Road	Divided Roadway (N) (S) (E) (W)	Road Type	Suffix								
	BOARDMAN		AVE									

Unit Number 1	State MI	Date of Birth 01/20/1955	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input type="radio"/> M <input checked="" type="radio"/> F	Total Occup 01	Hazard Action 04			
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	City TRAVERSE CITY		State MI		Zip 49694				
Driver Condition Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input checked="" type="radio"/> O		Position 01		Restraint 04	Hospital <input type="radio"/> Yes <input checked="" type="radio"/> No	Ambulance <input type="radio"/> Yes <input checked="" type="radio"/> No
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Blood <input type="radio"/> Urine	Test Results		Citation Issued Hazardous <input type="radio"/> Other <input type="radio"/>						

Location of Greatest Damage 0 1 2 3 4 5 6 7 8 9 10 11 12		Vehicle Description Make SATURN Model 4DR Color GOLD Year 2001	Vehicle Type <input checked="" type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section)	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input type="radio"/> East <input checked="" type="radio"/> West	Special Vehicles 1 2 3 4 5 6	Private Trailer Type 1 2 3 4 5 6 7	Vehicle Defect 1 2 3 4 5 6	Vehicle Use 2 3 4 5 6 7 8 9 10 11
First Impact 06	Extent of Damage 2	Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No						

Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital <input type="radio"/> Yes <input checked="" type="radio"/> No	Ambulance <input type="radio"/> Yes <input checked="" type="radio"/> No	Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped	Date of Birth	Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital <input type="radio"/> Yes <input checked="" type="radio"/> No	Ambulance <input type="radio"/> Yes <input checked="" type="radio"/> No	Ejected <input type="radio"/> Yes <input checked="" type="radio"/> No	Trapped <input type="radio"/> Yes <input checked="" type="radio"/> No

Age	Pos	Rest	
Age	Pos	Rest	
Damaged Property			Public <input type="radio"/> Y <input type="radio"/> N

BACK

Unit Number 2	State MI	Date of Birth 02/20/1971	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input checked="" type="radio"/> M <input type="radio"/> F	Total Occup 01	Hazard Action 00
NCS		City CUTTON'S BAY	State MI	Zip 49692		
Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99		Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped	
Interlock <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine		Test Results			
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results			
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type <input type="radio"/> Blood <input type="radio"/> Urine		Test Results			
Vehicle Description HONDA		Make ELEMENT	Model BLK	Year 2005		
Location of Greatest Damage <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12		Vehicle Type <input type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input checked="" type="radio"/> ST <input type="radio"/> SM (Complete Truck/Bus Section)		Vehicle Direction <input type="radio"/> North <input checked="" type="radio"/> South <input type="radio"/> East <input type="radio"/> West		Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6
First Impact 02	Extent of Damage 1	Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No	Private Trailer Type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7		Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	
Date of Birth		Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped		Ejected <input type="radio"/> Yes <input type="radio"/> No		Trapped <input type="radio"/> Yes <input type="radio"/> No
Date of Birth		Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Equipped		Ejected <input type="radio"/> Yes <input type="radio"/> No		Trapped <input type="radio"/> Yes <input type="radio"/> No
Age		Pos.	Rest.			

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Unit Reported on Front		Unit Reported Above	
Action Prior	Sequence of Events	Action Prior	Sequence of Events
First	Second	First	Second
Third	Fourth	Third	Fourth
Most Harmful		Most Harmful	
Unit Number		Unit Number	
City	State	City	State
Zip	GVWR/GCWR	Zip	GVWR/GCWR
Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver		Driver's CDL Type <input type="radio"/> A <input type="radio"/> C <input type="radio"/> B <input type="radio"/> Nono <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only) <input type="radio"/> CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
Vehicle Type <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS		Medical Card <input type="radio"/> Y <input type="radio"/> N	
Type & Axles Per Unit First Second Third Fourth		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	
Cargo Body Type 1 2 3 4 5 6 7 8		Class #	
Investigated at Scene <input checked="" type="radio"/> Y <input type="radio"/> N			

Crash Diagram and Remarks
<p>↑ North</p> <p>VEH. #2 WAS TURNING LEFT.</p> <p>VEH. #1 COLLIDED WITH VEH. #2 IN THE INTERSECTION.</p> <p>CAPLSON STATED VEH. #1 DISREGARDED THE RED LIGHT.</p>

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORF: MI-8878100

Department Name: Traverse City Police

File Class: 53001

Incident Disposition: ☒ Open ☐ Closed

Crash Date Month: 10 Day: 28 Year: 2013	Crash Time Hour: 10 Min: 33	No. of Units 02	Crash Type <input type="radio"/> Single Motor Vehicle <input type="radio"/> Head On <input type="radio"/> Head On-Left Turn <input type="radio"/> Angle <input type="radio"/> Rear End <input type="radio"/> Rear End-Left Turn <input type="radio"/> Rear End-Right Turn <input type="radio"/> Sideswipe-Same <input type="radio"/> Sideswipe-Opposite <input type="radio"/> Other/Unknown	Special Circumstances <input type="radio"/> School Bus <input type="radio"/> Local <input type="radio"/> State <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Fog/Smoke <input type="radio"/> Rain <input type="radio"/> Daylight <input type="radio"/> Dawn <input type="radio"/> Dusk <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Icy <input type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Fleeing Police <input type="radio"/> Severe Wind <input type="radio"/> Snow/Blowing Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Other/Unknown <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown <input type="radio"/> Snowy <input type="radio"/> Muddy <input type="radio"/> Slushy <input type="radio"/> Debris <input type="radio"/> Other/Unknown	Special Checks <input type="radio"/> Fatal (Report All) <input type="radio"/> Corrected Copy <input type="radio"/> Replace (Entire Report) <input type="radio"/> Delete (Entire Report) <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile
County: 28 City/Twp: 666	Traffic Control <input checked="" type="radio"/> None of These <input type="radio"/> Signal <input type="radio"/> Stop Sign <input type="radio"/> Yield Sign	Relation to Roadway (Location of First Impact) <input type="radio"/> Shoulder <input type="radio"/> Outside of Shoulder/Curb <input checked="" type="radio"/> On Road <input type="radio"/> Median <input type="radio"/> Gore <input type="radio"/> Other/Unknown	Construction Zone (if applicable) (Mark One From Each Group) Type: <input type="radio"/> Const/Maint. <input type="radio"/> Utility Lane Closed: <input type="radio"/> Yes <input type="radio"/> No Activity: <input type="radio"/> On Road <input type="radio"/> Off Road <input type="radio"/> None	Light (Mark Only One): <input checked="" type="radio"/> Daylight <input type="radio"/> Dark-Lighted <input type="radio"/> Dark-Unlighted <input type="radio"/> Other/Unknown	Area: 11 Total Lanes: 4 Speed Limit: 25 Posted: <input type="radio"/> Yes <input checked="" type="radio"/> No

Prefix: E Road Name: 8th	Divided Roadway: (N) (S) (E) (W) Road Type: St	Suffix:
Distance: 1.4 Prefix: A Intersecting Road: Rail Road	Divided Roadway: (N) (S) (E) (W) Road Type:	Suffix:

Unit Number: 1 State: MI Unit Type: <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	Date of Birth: 03/14/1939	License Type: <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex: <input type="radio"/> M <input checked="" type="radio"/> F	Total Occup: 01 Hazard Action: 08
Driver Condition: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Interlock: <input type="radio"/> Yes <input checked="" type="radio"/> No	Refused: <input type="radio"/> Yes <input checked="" type="radio"/> No	Not Offered: <input type="radio"/> Yes <input checked="" type="radio"/> No	Submit Results to PAWS When Available
Alcohol: <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type: <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Test Results:	Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position: 01 Restraint: 04 Hospital: <input type="radio"/> Yes <input type="radio"/> No Ambulance: <input type="radio"/> Yes <input type="radio"/> No
Drugs: <input type="radio"/> Yes <input checked="" type="radio"/> No	Test Type: <input type="radio"/> Blood <input type="radio"/> Urine	Test Results:	Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No	Citation Issued: <input type="radio"/> Yes <input checked="" type="radio"/> No

Vehicle Description: Ford	Make: Ford	Model: JDr	Color: Gray	Year: 01
Location of Greatest Damage: 07	Extent of Damage: 1	Driveable: <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Type: <input checked="" type="radio"/> PA <input type="radio"/> CY <input type="radio"/> MO <input type="radio"/> PU <input type="radio"/> ST	Vehicle Direction: <input type="radio"/> North <input type="radio"/> South <input checked="" type="radio"/> East <input type="radio"/> West

First Impact: 07	Vehicle Use: <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11	Vehicle Defect: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Vehicle Trailer Type: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
Injury: <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Airbag Deployed: <input type="radio"/> Yes <input checked="" type="radio"/> No	Not Equipped: <input type="radio"/> Yes <input checked="" type="radio"/> No	Hospital: <input type="radio"/> Yes <input type="radio"/> No
Date of Birth:	Sex: <input type="radio"/> M <input type="radio"/> F	Position:	Restraint:
Date of Birth:	Sex: <input type="radio"/> M <input type="radio"/> F	Position:	Restraint:

Age:	Pos:	Rest:	
Age:	Pos:	Rest:	
Damaged Property			Public: <input type="radio"/> Y <input checked="" type="radio"/> N

BACK

Unit Number 2	State MI	Date of Birth 11/03/1947	License Type <input checked="" type="radio"/> O <input type="radio"/> CY <input type="radio"/> C <input type="radio"/> F <input type="radio"/> M <input type="radio"/> R	Sex <input type="radio"/> M <input checked="" type="radio"/> F	Total Occup 01	Hazard Action 00
NCS		Unit Type <input checked="" type="radio"/> MV <input type="radio"/> B <input type="radio"/> P <input type="radio"/> E (train)	Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O	Position 01	Restraint 04	Hospital <input type="radio"/> Yes <input type="radio"/> No
City Traverse City MI		Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99	Ejected <input type="radio"/> Yes <input type="radio"/> No	Trapped <input type="radio"/> Yes <input type="radio"/> No	Airbag Deployed <input type="radio"/> Yes <input checked="" type="radio"/> No	Not Equipped <input type="radio"/> Yes <input type="radio"/> No
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine	Citation Issued <input type="radio"/> Hazardous <input type="radio"/> Other			
Drugs <input type="radio"/> Yes <input checked="" type="radio"/> No		Test Type <input type="radio"/> Blood <input type="radio"/> Urine				
Vehicle Description Saturn SW		Make Red	Model 03	Color 03	Year	
Location of Greatest Damage 03		Vehicle Type <input checked="" type="radio"/> PA <input type="radio"/> CY <input type="radio"/> OR <input type="radio"/> VA <input type="radio"/> MO <input type="radio"/> Other <input type="radio"/> PU <input type="radio"/> GC <input type="radio"/> Truck/Bus <input type="radio"/> ST <input type="radio"/> SM	Vehicle Direction <input type="radio"/> North <input type="radio"/> South <input checked="" type="radio"/> East <input type="radio"/> West	Special Vehicles <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	Private Trailer type <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7	
First Impact 03		Extent of Damage 1	Driveable <input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle Defect <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		
Date of Birth		Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/> Yes <input type="radio"/> No			
Date of Birth		Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/> Yes <input type="radio"/> No			
Date of Birth		Sex <input type="radio"/> M <input type="radio"/> F	Position	Restraint	Hospital	
Injury <input type="radio"/> K <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> O		Airbag Deployed <input type="radio"/> Yes <input type="radio"/> No	Not Equipped <input type="radio"/> Yes <input type="radio"/> No			
Age		Pos.	Rest.			
Age		Pos.	Rest.			

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Unit Reported on Front		Unit Reported Above	
Action Prior	Sequence of Events	Action Prior	Sequence of Events
First	Second	First	Second
Third	Fourth	Third	Fourth
Most Harmful		Most Harmful	
Unit Number		Unit Number	
City	State	City	State
Zip	GWR/GCWR	Zip	GWR/GCWR
Carrier Source <input type="radio"/> Papers <input type="radio"/> Vehicle <input type="radio"/> Log Book <input type="radio"/> Driver		Driver's CDL Type <input type="radio"/> A <input type="radio"/> C <input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> B <input type="radio"/> None <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X <input type="radio"/> Interstate <input type="radio"/> Intra (MI Only) CDL Restrictions <input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 CDL Exempt <input type="radio"/> Farm <input type="radio"/> Other	
Vehicle Type <input type="radio"/> AS <input type="radio"/> AL <input type="radio"/> BS <input type="radio"/> CX <input type="radio"/> AA <input type="radio"/> AT <input type="radio"/> BB <input type="radio"/> BX <input type="radio"/> AH <input type="radio"/> AX <input type="radio"/> BH <input type="radio"/> CH <input type="radio"/> AN <input type="radio"/> AY <input type="radio"/> BN <input type="radio"/> CP <input type="radio"/> AP <input type="radio"/> AZ <input type="radio"/> BP <input type="radio"/> CS		Medical Card <input type="radio"/> Y <input type="radio"/> N	
Type & Axles Per Unit		Hazardous Material <input type="radio"/> Placard <input type="radio"/> Cargo Spill	
Cargo Body Type		Class #	
Investigated at Scene			

Crash Diagram and Remarks	
North	Both Lane 2 E/B on 8th st. I was changing from curb lane to inside lane. I was in sidelane. I didn't see 2 and hit 3 as I changed lanes.

Authority: 1949 PA 300, Sec 257.622
Compliance: Required
Penalty: \$100 and/or 90 days (Rev 11/2006)

External #
0070418

Crash ID
9070170

Page 01 of 02
Incident # 9773-14 File Class 93001

STATE OF MICHIGAN TRAFFIC CRASH REPORT

ORI:
MI 2878100

Department Name
Traverse City Police Department

Incident Disposition
Closed

Reviewer
Steve Drzewiecki

Crash Date 10/20/2014	Crash Time 07:34	No. of Units 03	Crash Type Rear End	Special Circumstances <input type="radio"/> School Bus <input checked="" type="radio"/> None <input type="radio"/> Hit and Run <input type="radio"/> Deer <input type="radio"/> Fleeing Police	Special Checks <input type="radio"/> Fatal <input type="radio"/> Non-Traffic Area <input type="radio"/> ORV/Snowmobile			
County 28 - Grand Traverse	Traffic Control None	Relation to Roadway On Road	Special Study	Weather Clear	Area 10 - NON-FRWY Straight roadway			
City/Twp 66 - Traverse City	Construction Zone (if applicable) Type	Lane Closed	Activity	Light Dawn	Road Condition Dry	Total Lanes 04	Speed Limit 25	Posted Yes

Prefix E	Road Name EIGHTH	Road Type ST	Suffix	Divided Roadway
Distance 75 Feet W	Traffic Way 01 - Not physically divided	Access Control 01 - No access control		
Prefix	Intersecting Road BOARDMAN	Road Type AVE	Suffix	Divided Roadway

Unit Number 01	Unit Known Yes	State MI	Driver License Number #####	Date of Birth (Age) ###/###/#### (17)	License Type <input checked="" type="radio"/> Operator <input type="radio"/> Chauffeur <input type="radio"/> Moped	Endorsements <input type="radio"/> Cycle <input type="radio"/> Farm <input type="radio"/> Recreation	Sex F	Total Occupants 01	Hazardous Action 12 - Unable to stop
Unit Type MV	Driver Information ##### TRaverse City, MI 49685 (###) ###-####				Injury O	Position 01	Restraint 04	Hospital NONE	
Driver Condition <input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 99				Interlock No	Ejected	Trapped	Airbag Deployed No	Ambulance NONE	
Alcohol <input type="radio"/> Yes <input checked="" type="radio"/> No Test Type <input type="radio"/> Field <input type="radio"/> PBT				Not offered <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine		Test Results		Citation Issued <input checked="" type="radio"/> Hazardous <input type="radio"/> Other	
Vehicle Registration #####		State MI	Insurance / Policy # #####		Towed To/By		Special Vehicles 0	Private Trailer Type	Vehicle Defect
VIN #####		Vehicle Description HYUNDAI	Make SANTA FE	Model BLU	Color 2004	Year Passenger Car	Vehicle Type		
Location of Greatest Damage 01		First Impact 01	Extent of Damage 2	Driveable Yes	Vehicle Direction E	Vehicle Use 01 - Private	Action Prior 01 - Going Straight Ahead		
Sequence of Events (# indicates MOST harmful event) First ● 17 - Motor veh in transport Second Third Fourth									

PASSENGERS	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
	Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital
	Injury	Airbag Deployed	Ejected	Trapped	Ambulance	
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital	
Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital	
Injury	Airbag Deployed	Ejected	Trapped	Ambulance		
Passenger Information	Date of Birth (Age)	Sex	Position	Restraint	Hospital	
Injury	Airbag Deployed	Ejected	Trapped	Ambulance		

Carrier Information	Carrier Source	GVWR	ICCMC	USDOT	MPSC		
Drivers CDL Type	Endorsements O H O P O T O N O S O X	CDL Exempt O Farm O Other	CDL Restrictions O 28 O 29 O 30 O 35 O 36				
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit First Second Third Fourth	Cargo Body Type	Medical Card	Hazardous Material O Placard O Cargo Spill	ID #	Class #

Owner Information ##### ##### #####, ## ####-#### (###) ###-####	Owner Information
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Person Advised of Damaged Traffic Control Contact Name: Contact Date: Contact Time:	Damaged Property	Public
	Owner & Phone	

UNIT/DRIVER	Unit Number	Unit Known	State	Driver License Number	Date of Birth (Age)	License Type	Endorsements	Sex	Total Occupants	Hazardous Action
	02	Yes	MI	#####	##/##/#### (18)	Operator Chauffeur Moped	Cycle Farm Recreation	F	01	00 - None
	Unit Type	Driver Information				Injury	Position	Restraint	Hospital	
	MV	##### TRaverse City, MI 49684 (###) ###-####				O	01	04	NONE	
	Driver Condition				Interlock	Ejected	Trapped	Airbag Deployed	Ambulance	
	● 1 02 03 04 05 06 07 08 09 099				No			No	NONE	
	Alcohol				Test Results		Drugs		Citation Issued	
	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not offered <input type="radio"/> Test Type <input type="radio"/> Field <input type="radio"/> PBT <input type="radio"/> Breath <input type="radio"/> Blood <input type="radio"/> Urine						<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Test Type <input type="radio"/> Blood <input type="radio"/> Urine		<input type="radio"/> Hazardous <input type="radio"/> Other	
	Vehicle Registration	State	Insurance / Policy #		Towed To/By			Special Vehicles	Private Trailer Type	Vehicle Defect
	#####	MI	#####					0		
VIN	Vehicle Description		Make	Model	Color	Year	Vehicle Type			
#####			OLDSMOBILE	4 DOOR	WHI	1997	Passenger Car			
Location of Greatest Damage		First Impact	Extent of Damage	Driveable	Vehicle Direction	Vehicle Use		Action Prior		
05		05	2	Yes	E	01 - Private		04 - Stopped on roadway		
Sequence of Events										
First ● 17 - Motor veh in transport (● indicates MOST harmful event)										
PASSENGERS	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
	Passenger Information				Date of Birth (Age)	Sex	Position	Restraint	Hospital	
TRUCK/BUS	Carrier Information				Carrier Source	GVWR	ICCMC	USDOT	MPSC	
					Driver's CDL Type	Endorsements	CDL Exempt	CDL Restrictions		
						<input type="radio"/> H <input type="radio"/> P <input type="radio"/> T <input type="radio"/> N <input type="radio"/> S <input type="radio"/> X	<input type="radio"/> Farm <input type="radio"/> Other	<input type="radio"/> 28 <input type="radio"/> 29 <input type="radio"/> 30 <input type="radio"/> 35 <input type="radio"/> 36		
Interstate/Intrastate	Vehicle Type	Type & Axle Per Unit			Cargo Body Type	Medical Card	Hazardous Material		ID #	Class #
		First	Second	Third	Fourth			<input type="radio"/> Placard <input type="radio"/> Cargo Spill		
OWNERS	Owner Information				Owner Information					
	##### ##### #####									
WITNESS	Witness Information				Witness Information					
Investigated at Scene	Reported Date (Time)	1st Investigator Name (Badge)			2nd Investigator Name (Badge)			Photos By		
Yes	10/20/2014 (07:34)	MIKE PETERS (226)								
Narrative					Diagram					
Driver of #1 was eastbound on 8th St approaching Boardman, couldn't stop in time, and struck the rear of unit #2 which was stopped in traffic. As a result of the impact, #2 was forced into the rear of unit #3 which was also stopped. Ticket #134645 (257.627) issued to driver of #1.										